

TLC Trial Form FAMCHAR.03 Family Characteristics Interview

Center ID:	_____ - _____
Screening ID:	S _____ - _____
Visit Code:	V 2

INSTRUCTIONS: This interview is to be administered to the child's parent or legal guardian at Pre-Randomization Visit 2 (V2).

1. I'm going to read you a list of racial groups. Please tell me which group or groups <insert child's name> belongs to.
- ()₁ White
 - ()₂ African American or Black
 - ()₃ Hispanic or Latino
 - ()₄ Asian
 - ()₅ Pacific Islander
 - ()₆ Native American or Inuit
 - ()₇ Other, specify _____
2. What is your marital status?
- ()₁ Married or has live-in partner
 - ()₂ Divorced or separated
 - ()₃ Widowed
 - ()₄ Single, never been married

FEMALE GUARDIAN

3. Respondent is: ()₁ Primary respondent ()₂ Spouse/partner
4. What is your date of birth? _____ / _____ / _____ mm/dd/yy
5. What is the highest grade of school you have completed?
- _____ ()₁₂ GED
 - ()₁₃ Vocational training past high school
 - ()₁₄ Some college, but did not graduate
 - ()₁₅ 4-year college graduate
 - ()₁₆ Post-college education
6. Are you currently employed outside your home?
- ()₀ No ()₁ Yes

MALE GUARDIAN

7. Respondent is ()₁ Primary respondent ()₂ Spouse/partner
8. What is your date of birth? _____ / _____ / _____ mm/dd/yy
9. What is the highest grade of school you have completed?
- _____ ()₁₂ GED
 - ()₁₃ Vocational training past high school
 - ()₁₄ Some college, but did not graduate
 - ()₁₅ 4-year college graduate
 - ()₁₆ Post-college education
10. Are you currently employed outside your home?
- ()₀ No ()₁ Yes

The following questions are about your household financial situation and access to health care. Your answers will be kept strictly confidential and will be used only to help us understand how economic factors affect children's health.

11. How many people live in your household? Please include yourself and <insert child's name>.
- _____ people

12. In which of the following ranges did your total household income fall for the last year? Include all income, before taxes and deductions, of all members of your household.

- ()₁ Less than \$5,000
- ()₂ \$5,000 to \$9,999
- ()₃ \$10,000 to \$14,999
- ()₄ \$15,000 to \$19,999
- ()₅ \$20,000 to \$29,999
- ()₆ \$30,000 or above
- ()₇ Don't know

13. During the past year, did your household receive any of the following benefits or was anyone in your household enrolled in any of the following public assistance programs?

- | | | | |
|---|---------------------|----------------------|-----------------------------|
| Aid to Families with Dependent Children | () ₀ No | () ₁ Yes | () ₂ Don't know |
| Food stamps | () ₀ No | () ₁ Yes | () ₂ Don't know |
| WIC | () ₀ No | () ₁ Yes | () ₂ Don't know |
| Free school lunch program | () ₀ No | () ₁ Yes | () ₂ Don't know |
| Social Security benefits | () ₀ No | () ₁ Yes | () ₂ Don't know |
| SSI Disability benefits | () ₀ No | () ₁ Yes | () ₂ Don't know |
| Veterans' Benefits | () ₀ No | () ₁ Yes | () ₂ Don't know |
| Other | () ₀ No | () ₁ Yes | () ₂ Don't know |

Specify: _____

14. Is your household covered under any of the following medical plans to help pay for doctor or hospital bills?

- | | | | |
|--|---------------------|----------------------|-----------------------------|
| Medical Assistance or Medicaid | () ₀ No | () ₁ Yes | () ₂ Don't know |
| Group private insurance through an employer, union, or professional organization | () ₀ No | () ₁ Yes | () ₂ Don't know |
| Health maintenance organization (HMO) through an employer, union, or professional organization | () ₀ No | () ₁ Yes | () ₂ Don't know |
| Individual private insurance that you buy on your own | () ₀ No | () ₁ Yes | () ₂ Don't know |
| Other health coverage | () ₀ No | () ₁ Yes | () ₂ Don't know |
| No health coverage | () ₀ No | () ₁ Yes | () ₂ Don't know |

Specify: _____

Thank you very much for answering these questions.

ADMINISTRATIVE MATTERS

15. **Date of interview** _____ / _____ / _____ mm/dd/yy

16. **Interviewer** _____
Signature _____ - _____
TLC Code

COMMENTS